## **BUILDING DEPARTMENT**

## Credit Card Authorization (MasterCard and VISA Only)

Permit Center Fax:	(954) 828-6330	(Permits, Re-inspection Fees)
Job Address		
Company Name		
Cardholder Name (As it appears of	on card)	
Credit Card Number		
CVV2/CVC2# (3 digit number	on back of card)	
Expiration Date		
Cardholder Address		
City/State/Zip		
Contact Telephone Number(	s)	
FAX		
be determined according to t per your application requirer services, and is accepted in g	he current City of Fort Lauments. This charge is payr good faith by the Building I harge(s) made to my account	the credit card listed above in an amount to aderdale Building Permit Fee Schedule as ment for Building Department fees and/or Department. Should I have any questions ant, I will make every attempt to resolve 828-5281.
This charge is authorized for	payment of the following (	(check all applicable):
☐ Fax Permit		
Other – Permit #		

YOUR PERMIT APPLICATION WILL NOT BE PROCESSED IF ANY OF THE ABOVE- REQUESTED INFORMATION IS INCOMPLETE.